

TRANSIENT CREDIT AUTHORIZATION

SEE INSTRUCTIONS FOR COMPLETION ON REVERSE SIDE

SECTION 1

TO BE COMPLETED BY STUDENT (Home Institution)

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Post Secondary School \_\_\_\_\_ I request permission to attend the following course(s) with the above named post secondary school.

Course # \_\_\_\_\_ Course Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

Term Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Cost(s): Tuition \_\_\_\_\_ Fees \_\_\_\_\_

Course # \_\_\_\_\_ Course Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

Term Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Cost(s): Tuition \_\_\_\_\_ Fees \_\_\_\_\_

Reason for Request \_\_\_\_\_

I understand that if this enrollment is approved by ERAU, I hereby authorize the release of data concerning my enrollment to agencies and individuals responsible for the payment of Financial Aid and to those responsible for maintenance of my academic record. I agree to request an official transcript to be sent directly to ERAU listing the grade(s) for the course(s) above in order to be given credit toward my degree program. Further, I understand that I am responsible for all costs incurred for the enrollment. If eligible to receive a Pell Grant, the disbursement will be credited to my ERAU student account.

Student 's Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION 11

TO BE COMPLETED BY ERAU (Home Instruction)

Request Approved \_\_\_\_\_ Request Disapproved \_\_\_\_\_

Registrar/Signature of Primary School's Official \_\_\_\_\_

Reason \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

SECTION 111

TO BE COMPLETED BY THE POST SECONDARY SCHOOL (Host Institution)

I, as Registrar, certify that the student is enrolled in the course(s) listed above as evidenced by the Attached copy of a registration invoice.

School \_\_\_\_\_

School Phone Number \_\_\_\_\_

Registrant/Signature of Secondary School's Official \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

SECTION IV

TO BE COMPLETED BY THE POST SECONDARY SCHOOL (Host Institution)

I, as Financial Aid administrator, certify that the student is not receiving financial assistance for the course(s) listed above.

School \_\_\_\_\_

School Phone Number \_\_\_\_\_

Financial Aid Administrator \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Financial Aid Office  
Transient Credit Authorization

**PURPOSE OF THIS FORM**

This form, when appropriately completed, represents an approved consortium agreement between Embry-Riddle Aeronautical University and the post secondary school reported in Section III of the form. Embry-Riddle, as the home institution, is responsible for the disbursement of any and all financial aid awards and assumes responsibility for monitoring all compliance issues associated with this agreement.

**GENERAL INSTRUCTIONS**

ERAU financial aid students who plan to enroll in a course (s) with another educational institution must provide all information in Section I. Section II is to be completed by the appropriate home institution personnel, and Section III is to be completed by appropriate post secondary school personnel. **Note: Completion of Section III by the secondary school represents confirmation of enrollment for the course (s) listed in Section I of this form. As such, the signature date affixed in Section III of this form must not be prior to the end of the add/drop period of classes. If the signature date is affixed prior to the end of the add/drop date, this form will be returned to the home campus or student for resubmission to the post secondary school for appropriate signature date.** Section IV is to be completed by the appropriate Financial Aid Administrator at the post secondary school referenced in Section III.

**SECTION I INSTRUCTIONS**

This section must be completed in its entirety by the student. A copy of a tuition invoice as well as a copy of the course(s) registration **must** accompany this form. All signatures required in Section II, III, and IV of the form must be affixed. To ensure timely payment of financial aid awards, this entire completed form should be returned to the Resident Center Director or Campus Records within the first week of classes at the school listed in Section III of the form.

Review all instructions and complete form. Read statement of understanding completely before signing and dating the form.

**SECTION II INSTRUCTIONS**

This section is to be completed by the Resident Center Director or Campus Records. For financial aid purposes, this form should be completed only if the course (s) listed in Section I is applicable and will be accepted for credit towards the student's degree program. The **original copy only** of the completed form is to be submitted to the Financial Aid Office. The pink copy of the completed form should be provided to the student. The Resident Center Director should submit the green copy to the ERAU Records Office and retain the yellow copy for their Center file.

**SECTION III INSTRUCTIONS**

As noted above in the General Instructions, this form should not be signed or dated prior to the end of the add/drop period for the course (s) listed in Section I.

**SECTION IV**

Signature of the Financial Aid Administrator signifies the student is not receiving any financial assistance through the post secondary institution shown in Section III and that information reflected on the reverse side is representative of the student's status at that institution.